

# BEST AVAILABLE COPY

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_  
FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS							
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.
	IND.	DER.	IND.	DER.	IND.	DER.	
1	/	/	/	/	/	/	51
2	/	/	/	/	/	/	52
3	/	/	/	/	/	/	53
4	/	/	/	/	/	/	54
5	/	/	/	/	/	/	55
6	/	/	/	/	/	/	56
7	/	/	/	/	/	/	57
8	/	/	/	/	/	/	58
9	/	/	/	/	/	/	59
10	/	/	/	/	/	/	60
11	/	/	/	/	/	/	61
12	/	/	/	/	/	/	62
13	/	/	/	/	/	/	63
14	/	/	/	/	/	/	64
15	/	/	/	/	/	/	65
16	/	/	/	/	/	/	66
17	/	/	/	/	/	/	67
18	/	/	/	/	/	/	68
19	/	/	/	/	/	/	69
20	/	/	/	/	/	/	70
21	/	/	/	/	/	/	71
22	/	/	/	/	/	/	72
23	/	/	/	/	/	/	73
24	/	/	/	/	/	/	74
25	/	/	/	/	/	/	75
26	/	/	/	/	/	/	76
27	/	/	/	/	/	/	77
28	/	/	/	/	/	/	78
29	/	/	/	/	/	/	79
30	/	/	/	/	/	/	80
31	/	/	/	/	/	/	81
32	/	/	/	/	/	/	82
33	/	/	/	/	/	/	83
34	/	/	/	/	/	/	84
35	/	/	/	/	/	/	85
36	/	/	/	/	/	/	86
37	/	/	/	/	/	/	87
38	/	/	/	/	/	/	88
39	/	/	/	/	/	/	89
40	/	/	/	/	/	/	90
41	/	/	/	/	/	/	91
42	/	/	/	/	/	/	92
43	/	/	/	/	/	/	93
44	/	/	/	/	/	/	94
45	/	/	/	/	/	/	95
46	/	/	/	/	/	/	96
47	/	/	/	/	/	/	97
48	/	/	/	/	/	/	98
49	/	/	/	/	/	/	99
50	/	/	/	/	/	/	100
TOTAL IND.			175				TOTAL IND.
TOTAL DER.			67				TOTAL DER.
TOTAL CLAIMS			242				TOTAL CLAIMS

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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